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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PC-1959001

First Named Inventor

Joseph Fisher

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR CONTINUOUS MEASUREMENT OF FLUX OF GASES IN THE LUNGS
DURING BREATHING

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

03/21/2003

as United States Application Number or PCT International

Application Number

PCT/CA03/00399

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | | | Yes | No |
| 2,379,353 | CA | 03/28/2002 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

{Page 1 of 2}

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DECLARATION — Utility or Design Patent Application

| | | | |
|--|------------------|---|-------------------------|
| Direct all correspondence to: <input checked="checked" type="checkbox"/> Customer Number: 23607 OR <input type="checkbox"/> Correspondence address below | | | |
| Name | | | |
| Address | | | |
| City | | State | ZIP |
| Country | Telephone | Fax | |
| <small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small> | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) Joseph | | Family Name or Surname Fisher | |
| Inventor's Signature | | | Date |
| Residence: City Toronto | State Ontario | Country Canada | Citizenship Canadian |
| Mailing Address The Toronto General Hospital, Department of Anesthesia 200 Elizabeth Street | | | |
| City Toronto | State Ontario | ZIP M5G 2C4 | Country Canada |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) David | | Family Name or Surname Preiss | |
| Inventor's Signature | | | Date |
| Residence: City Toronto | State Ontario | Country Canada | Citizenship Canadian |
| Mailing Address The Toronto General Hospital, Department of Anesthesia 200 Elizabeth Street | | | |
| City Toronto | State Ontario | ZIP M5G 2C4 | Country Canadian |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page _____ of _____

| | | | |
|--|---------------|---|----------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Takafumi | | Azami | |
| Inventor's Signature | | Date | |
| Toronto Residence: City | Ontario State | Canada Country | Canadian Citizenship |
| The Toronto General Hospital, Department of Anesthesia | | | |
| Mailing Address | | | |
| 200 Elizabeth Street | | | |
| Mailing Address | | | |
| Toronto City | Ontario State | M5G 2C4 Zip | Canada Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Alex | | Vesley | |
| Inventor's Signature | | Date | |
| Toronto Residence: City | Ontario State | Canada Country | Canadian Citizenship |
| The Toronto General Hospital, Department of Anesthesia | | | |
| Mailing Address | | | |
| 200 Elizabeth Street | | | |
| Mailing Address | | | |
| Toronto City | Ontario State | M5G 2C4 Zip | Canada Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Eitan | | Prisman | |
| Inventor's Signature | | Date | |
| Toronto Residence: City | Ontario State | Canada Country | Canadian Citizenship |
| The Toronto General Hospital, Department of Anesthesia | | | |
| Mailing Address | | | |
| 200 Elizabeth Street | | | |
| Mailing Address | | | |
| Toronto City | Ontario State | M5G 2C4 Zip | CANADA Country |

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page _____ of _____

| | | | |
|---|---------------|---|----------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Tehilla | | Adams | |
| Inventor's Signature | | Date | |
| Toronto Residence: City | Ontario State | Canada Country | Canadian Citizenship |
| The Toronto General Hospital, Department of Anesthesia Mailing Address | | | |
| 200 Elizabeth Street Mailing Address | | | |
| Toronto City | Ontario State | M5G 2C4 Zip | Canada Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|---------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Joseph Fisher |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PC-1959001 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23607

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

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Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name Joseph Fisher

Signature

Date

Telephone (416) 336-6827

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|------------------------|--------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | David Preiss |
| Title | Method for continuous measurem |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PC-1959001 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23607

OR

☐ Practitioner(s) named below:

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| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | State | Zip | | |
| Country | | | | |
| Telephone | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

| | | | |
|-----------|--------------|----------------|--|
| Name | David Preiss | | |
| Signature | | | |
| Date | Telephone | (416) 336-6827 | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 6 _____ forms are submitted.

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| | |
|------------------------|--------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Takafumi Azami |
| Title | Method for continuous measurem |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PC-1959001 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23607

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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OR

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| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

| | | | |
|-----------|----------------|-----------|----------------|
| Name | Takafumi Azami | | |
| Signature | | | |
| Date | | Telephone | (416) 336-6827 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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| | |
|------------------------|--------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Alex Vesely |
| Title | Method for continuous measurem |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PC-1959001 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23607

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name Alex Vesely

Signature

Date

Telephone (416) 336-6827

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

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INDICATION FORM**

| | |
|------------------------|--------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Eitan Prisman |
| Title | Method for continuous measurem |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PC-1959001 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23607

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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OR

| | | | | |
|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

| | | | |
|-----------|---------------|-----------|----------------|
| Name | Eitan Prisman | | |
| Signature | | | |
| Date | | Telephone | (416) 336-6827 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

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| | |
|------------------------|--------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Tehilla Adams |
| Title | Method for continuous measurem |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PC-1959001 |

I hereby appoint:



Practitioners associated with the Customer Number:

23607

OR



Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
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The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR



Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

| | | | |
|-----------|---------------|-----------|----------------|
| Name | Tehilla Adams | | |
| Signature | | | |
| Date | | Telephone | (416) 336-6827 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 6 forms are submitted.

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